CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total page: glad:
The C/OH Instruction G	uide explains how to complete this form.		54
3 CANDIDATE/	MS / MRS //MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Kage	The state of the s	
NAME	NICKNAME LAST	SUFFIX	Date Received
	Mooney		RECEIVED
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	and the state of
OFFICEHOLDER MAILING ADDRESS	2101 Walnut Grove	Chi	MAY 1 5 2017
Change of Address	College Station, 12	X (1847)	BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 3/4 4304	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Stripling	P	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO DO BOX PLEASE); APT 15	SUITE #: CITY; STATE;	ZIP CODE
(Residence or Business)	College Station, To	71815	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (919) 690 7592	EXTENSION	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before e	lection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	07 135116	THROUGH	Day Year
11 ELECTION	ELECTION DATE	ELECTION TYPI	
	Month Day Year Primary	Description	
	11/8/16 Genera		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	m)
	Mayor	May	08
* * * * * * * * * * * * * * * * * * * *	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

***************************************		· · · · · · · · · · · · · · · · · · ·		
14 C/OH NAME	ar 1 P. Monnell	r ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	GENERAL COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE ADDRESS			
	5306 Tupiter Hills Ct., College Station, TX 77845			
Additional Pages	Danny Stribling			
	5306 Duyi Her Hills Co., College Stata	BUTX 77845		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 375,00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$10,445,00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,185,55			
	4. TOTAL POLITICAL EXPENDITURES \$ 18,716,93			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0,00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0,00		
AFFIX NOTARY STAM	I swear, or affirm, under penalty of perjury, true and correct and includes all informatio under Title 15, Election Code. TANYA McNUTT 11652789-5 tary Public, State of Texas My Commission Expires February 14, 2018 P/SEALABOVE ribed before me, by the said	n required to be reported by me		
Januar 1	norbut Tanya McNutt No	tary Rublic		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME LOT P. MOONEY 20 FI	iler ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$10,245.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,000 00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 000
4.	2 SCHEDULE E: LOANS	\$ 13,540,37
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	UTIONS \$ 10, 445,08
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0,00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$ 00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 12,719.19
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5571.97
10.	${\mathscr V}$ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	IESS OF C/OH \$ D
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$ 0,00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0,00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The I	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Karl P. Mooney	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 · Principal, occup	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 8/31/16	Full name of contributor out-of-state PAC (IDII:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instru	uctions)
Date 8/20/16	Full name of contributor out-of-state PAC (ID#: MATI VOTTINCL Contributor address; City; State; Zip Code 2800 2004 Mire #54 Lallage Sh., 28 7784	Amount of contribution (\$) 35.00
Principal occup	nation / Job title (See Instructions) Employer (See Instru	uctions)
Date 9/14/16	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
		,,
		,

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to o	complete this	form.	1 Total pages `~dule A1:
2 FILER NAME	Karl P. Mooney	/		3 Filer ID (Ethics Commission Filers)
4 Date	h Mine diff	out-of-state PAC		7 Amount of contribution (\$)
77017	6 Contributor address; 6195 Batts Ferry	City; State;	lege Sta, X 1845	700,
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	lions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9-1-16	Contributor address;	City; State;	Zip Code	100
`.	1560 Whites Creek 4	lane, Coll.	Sh. X 7845	
Principal occur	eation / Job title (See Instructions)		Employer (See Instruct	ions)
r morpar occup	allow (coo inc)			
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
82116	Contributor address;	City; State;	Zip Code	300, 00
	835 N Kosemary &	dy Boy	ien, 1x 7/807	
Principal occup	pation / Job title (See Instructions)	· ·	Employer (See Instruct	tions)
·	·	1		111
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9.75.16	Contributor address;	City; State	Zip Code	100.00
(909 HOUR Ph, Ch	XPGC TIV	(.) X (12) V	
Principal occu	oation / Job title (See Instructions)	L	Employer (See Instruc	tions)
. ,				
			•	· ·

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME JOST P. MODULY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) CAN 11 Randi Nave Divide	7 Amount of contribution (\$)
105 Dur han A. College Station, TX 71845	200.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) A OO 11 Mark 4 Mart Ministrants	Amount of contribution (\$)
PRO16 Contributor address; City; State; Zip Code	100,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Onn Edge Contributor address: City: State: Zip Code GRORAND Escondido, Kancho Vicyo, & 18575	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor Gout-of-state PAC (ID#; GOUTH DE Coute Contributor address; City; State; Zip Code 3940 Mince Will Phay 106, VA 22192	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) / Employer (See Instructions)	tions)
	f 87

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total names Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#; Date Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date ut-of-state PAC (ID#; Amount of contribution (\$) Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Lar) F. Moonel	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Quit-of-state PAC (ID#:) 10-9-16 G. Contributor address; City; State; Zip Code 3-208 N. 20 H. M. P. W. M. A.Z. 85085	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:) Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Lemployer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Shushu & Yuan Da) Contributor address; City; State; Zip Code BY DOVE Run Trail, College Sh., TX 77845	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Oblive Terrer Contributor address; City; State; Zip Code Blok Rosewood Dr., College States	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
ATTA OU A DDITIONAL CODIES OF THIS SCHEDULE AS ME	r-D-r-N

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total nages Schedule A1:
2 FILER NAME	Karl F. Mooney	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
10-7-16	6 Contributor address; City; State; Zip Code BLDD Face ON ATH ON HAD SAN THE TOTALS	250,00
	DOW NORWING PICONGENIN (181)	
8 Principal occup	ration / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date.	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
10-17-16	Contributor address; City; State; Zip Code	7.00.00
U	9/21 Kishda St. San Antonio, X 1631)	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions) UNIV: 10X, C	Sur Antonio
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/3/6	Contributor address; City; State; Zip Code 3604 LOTIFELT C. College Marion T. 1845	25.00
Principal occup	ation) Job title (See Instructions) Employer (See Instruc	dions)
	Kenred	
Date	Full name of contributor	Amount of contribution (\$)
1019-16	Contributor address; City; State; Zip Code	75.00
,	Phouguerque, Xew Mexit	0.
Principal occup	Pation / Job title (See Instructions) - Employer (See Instructions) - Employer (See Instructions)	WMANCO
	1,000	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Date 7 Amount of contribution (\$) City; Zip Code Employer (See Instructions) Principal occupation / Job out-of-state_PAC (ID# Date Amount of contribution (\$) Principal occupation / Job-title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Zip Code Employer (See Instructions) Principal occupation / Job Date Amount of contribution (\$) out-of-state PAC (ID#: State; Zip Code Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME LAST P. MOMEY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10 7 10 6 Contributor address; City; State; Zip Code 300 10 10 10 10 10 10 10 10 10 10 10 10 1	7 Amount of contribution (\$) 250, 00
8 Principal occupation. Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	50,00
Principal occupation / Job title (See Instructions) Employer (See Instruct I MUNO C	ions)
Date Full name of contributof out-of-state PAC (ID#:)	Amount of contribution (\$)
1021/16 Contributor address, City; State; Zip Codo 5306 Vupilar Hills College	200, a
Principal occupation—Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS NO	EDED

MONETARY POLITICAL CONTRIBI	UTIONS SCHEDULE A1
The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A1
FILER NAME HAT P. MOUNCY	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor 6 Contributor address; City; State; 3 Principal occupation / Job title (See Instructions) 9	7 Amount of contribution (\$) Full The Told Told Told Told Told Told Told Told
P. A. Co	
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Contributor address; City; State; HAN HOWN JECK TV Mys. Principal occupation / Job title (See Instructions)	Zip Code JS, DO Smployer (See Instructions)
Date Full name of contributor Od-17 Mark + Mary Midal Corroll Contributor address: City; State; 5308 St. Andrews, College	Amount of contribution (\$) XS Zip Code Status
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Og. 17 Og. 18 Out-of-state PAC (ID) Og. 17 Out-of-state PAC (ID) Out-of-state PAC (Amount of contribution (\$) /, 000, Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED tion guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date Employer (See Instructions) Full name of contributor Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: City; State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:
2 FILER NAME HAGE P. MOONEY		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$ 3,000
5 Date	6 Full name of contributor Out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description Contribution \$ Obsign a maintain when the second states are second something the second
	TAG (COMPTOW) COMPRESIDATION	Clark if travel outside of Texas. Complete Schedule T.
W	principal occupation (FOR JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions)
MA 6 . 11	L. C. COD HIDIOIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
14 Contributors	employer/law firm (FOR JUDICIAL)	13 Law min of continuous a spouse (ii any) (i or obsion L)
	(COD HIDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date	Full name of contributor	Amount of . In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Cod	
		Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAME	Ker J. Monney		3 Filer ID (Ethics Co.	mmission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$.	9 In-kind contribution description
	7 Pledgor address; City; State; Zi	p Code		
			Check if travel outsid	e of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		
•			Check if travel outsid	e of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Z	ip Code		
í		•	Check if travel outsid	é of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
,	Pledgor address; City; State; Z	ip Gode		
			Check if travel outsid	e of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
·		•		, ·
If	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see instr	F THIS SCHEDULE	AS NEEDED	equirements.

SCHEDULE E LOANS 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS 5 Date of Igan Is lender State; Zip Code 8 Lender address; a financial Institution? 11 Maturity date 13 Employer (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor **16** GUARANTOR INFORMATION Zip Code City; State: 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Date of loan out-of-state PAC (ID#: is lender a financial Institution? Employer (See Instructions Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR INFORMATION** City; State; Zip Code Guarantor address;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

not applicable

Principal Occupation (See Instructions)

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

LOANS	SCHEDULE E
The Instruction Guide explains how to co	omplete this form. 1 Total pages Schedule E:
2 FILER NAME SAY / J. NOONE	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$ (2,570.37
5 Date of loan 7 Name of lender Out-of-s	PAC (ID#:) 9 Loan Amount (\$) 75409
6 Is lender (8 Lender address; City; a financial Institution? ANDI Walnut Corto	State; Zip Code 10 Interestrate 11 Maturity-date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions) 15 Check if personal funds were deposited into political
14 Description of Collateral none	account (See Instructions)
16 GUARANTOR INFORMATION 18 Guarantor address; City;	19 Amount Guaranteed (\$) State; Zip Code
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
Date of load Name of lender Out-of-	state PAC (ID#:) Loan Amount (\$) 445
Is lender address; City: a financial Institutions ANN CONTROL	State; Zip Code Interest rate 19
Principal occupation / Job title (See Instructions)	Employer (See Instructions) WAS FIRM UNIV.
Description of Collateral	Check if personal funds were deposited into political account (See Instructions)
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code
Principal Occupation (See Instructions)	Employer (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/FundraisIng Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salanes/vi The Instruction Guide explains how to c	omplete this form.
1 Total p Chedule F1:	2 FILERMANTE J. MODKEU	3 Filer ID (Ethics Commission Filers)
4 Date 1/29/16	5 Payedname Da Rondaho	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
160,00	Unt Cloverdale Ct., College Str.;	F 77840
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	-1-2600	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	Payee name	
9/4/16	Eddie Bass	
Amount (\$)	Payee address; City; State; Zip Code	
160,00	1711 Summer Wood Loop, Brya	25 X 71807
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		
Date ,	Payee name	
9/39/16	Laxuer Charles	
Amount (\$)	Payee address; City; State; Zip Code	
80.00	AGOOR Hear Roge Ir, Br	Jan, L 11802
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Labor	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held

SCHEDULE F1

				 	
	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EXPENDITURE CAT	EGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Carrdidate/Officetrolder/Politic Credit Card Payment	В Зу (Event Expense Tess: roud/Beverage Expense Bitt/Awards/Memorials Expense .egal Services The Instruction Guide expl	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total par Redule Ft	2 FILER NAM	NEKAT J.	NOU	NEU	3 Filer ID (Ethics Commission Filers)
4 Date /30/16	5 Paygenam	& Aleshie	rmar		
6 Amount (\$)	7 Payee add	ess; City; State;	Zip Code		
BD, 60	1814	relow house	G. Ap.	FD, Colleg	e Sn. Ix 7690
8	(a) Category (See Categories listed at the top of th	is schedule)	(b) Description	
PURPOSE OF EXPENDITURE	24	bor		£1	uside of Texas. Complete Schedula T. n. TX, officeholder fivlag expense
9 Complete ONLY if direct expenditure to benefit C/O		e / Officeholder name		Office sought	Office held
9/27/16	Payee nam	rl F. 14/001	ney		
560, 00	Payee addr	ess; City; State;	ZIP/Code SC Ct., C	ologe Sts.	TX 77845
PURPOSE OF EXPENDITURE	LDAN	REMAYIMENT	is schedule)		side of Taxas, Complete Schedule T. TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	, ,	Tofficeholder name	2)	Office sought	Office held DUNG MAN
9/30//6	Payee nam	hen Wickle	9		
Amount (\$) 160,00	Payee addr	ess; City; State; MUUSOUHI	Zip Code	ge Su,	TX TIBYO
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of thi 1 D	s schedule)	[]	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name		Office sought	Office held
	ΑΤΤΔ	CH ADDITIONAL COPIE	SOFTHISS	CHEDULE AS NEF	DED
Forms provided by Texas Eth			lcs.state.tx.us		Revised 9/8/201
The name of the same will					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total p zhedule F1: 2 FILER NAM 4 Date 5 Payee nam Zip Code 6 Amount (\$) 7 Payee address; (b) Description (See Categories listed at the top of this schedule) (a) Category 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; escription Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date gories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Fees Food/Beverage Expense Travel In District Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAMI 5 Payee name 4 Date 6 Am 7 Payee address; (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Desc Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Payee address (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name sted at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate // Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Officeholder name Office sought Candidate Office held Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	MIZED UNPAID INCURRED OBLIGATIONS \$ 0,00
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

, TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	Karl F. Moones	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City	y; State; Zip Code
	7 Description of investment	-
	8 Amount of investment (\$)	.~
Date	Name of person from whom investment is purchased Address of person from whom investment is purchased; City	; State; Zip Code
•	Description of investment	
,		
	Amount of investment (\$)	n .
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense	Everil Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursement Ottice Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER MANTE	mely	3 Filer ID (Ethics Commission Filers)
. 4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$12,719.19
5 Date: 76/16	6 Payee name		N
7 Amount (\$)	8 Payee address; City; State;	Zip Code	and and
77.00	1 Hacker Wey, My	Mo Kerk, C	78 970KS
9 TYPE OF EXPENDITURE	2 Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	is schèdule) (b) Descriptio	on .
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11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name)	Office : ****	Office held
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Date: 101/16	Payes pains 1702		
Amount (\$)	Payee address; City; State;	Zlp Code	
Ayill	I Hacker Way, I	Unb Kert	A 99035
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	Category (See Categories listed at the top of the		
. PURPOSE	Dal portion		if travel outside of Texas. Complete Schedule T.
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	1		
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	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense. Transportation Equipment & Related Expense Event Expense Advertising Expense Fees Food/Beverage Expense Accounting/Banking Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages schedule F4: Non-Political TYPE OF Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas; Complete Schedule T. PURPOSE -Check if Austin, TX, officeholder living expense OF. EXPENDITURE . Office held , Office sought Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T: PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held / Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Travel in
Contributions/Donations Made By Gandldate/Officeholder/Political Committee Git/Awards/Memonals expense Gandldate/Officeholder/Political Committee Legal Services Git/Awards/Memonals expense Finning Expense Finning Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.
1 Total pages schedule F4: 2 FILER NAME / T. MODAC! 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 101/1/1/
5 Date 16 16 Payee name
7 Amount (\$) 8 Payee address; City; State; Zip Code Office (\$) 8 Payee address; City; State; Zip Code Office (\$) 7 The Code
9 TYPE OF Political Non-Political
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct Candidate / Officeholder name, Office sought Office held, expenditure to benefit C/OH
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Date 8/23/16 Payee Pame , January January 1977
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Complete ONLY if direct Candidate scholder pame Office sought Office held, expenditure to benefit C/OH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Office Overhead/Re Polling Expense ense Printing Expense Salaries/Wages/Col	Travel In Travel C	ortation Equipment & Related Expense n District Dut Of District onter a category not listed above)
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5 Date 8/31/16	6 Payee name	hirtz		
7 Amount (\$)	8 Payee address; City; S	State; Zip Code		
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9 TYPE OF EXPENDITURE	Political	Non-Political	•	
10	(a) Category (See Categories listed at the	top of this schedule) (b) Description	•
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me Office so	ught	Office held
Date 0/31/16	Payee name	2		. •
Amount (\$)	Payee address; City;	T State; Zip Code		•
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the	e top of this schedule)	[married]	of Texas. Complete Schedule T. , officeholder living expense
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)

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9 101/16	6 Payee pamie	
7 Amount (\$)	8 Payee address; City; State; Zip Code 1 Mac xxx Way, Thurston	R. CA 94025
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Cincondidate /	
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donalions Made By
Constitute//Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salant	es/Wages/Contract Labor Other (enter a category not listed above)
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7 Amount (\$) 7,045.93	8 Payee address: City: State; Zip Co	Dr. College Sta., 1x 77840
9 TYPE OF EXPENDITURE	Political No.	on-Political
10	(a) Category (See Categories listed at the top of this sched	(b) Description
PURPOSE OF EXPENDITURE	Advertising	Check if travel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	
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Date 185 16	LOWES	
Amount (\$)	Payee address; City; State; Zip C	Code
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TYPE OF EXPENDITURE	Political	Non-Political
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PURPOSE OF	Haver giging - Sign Ti	Check if Auslin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel (ri District Travel Out Of District

Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: CREDIT CARD 4 TOTAL OF UNITEMIZED EXPENDITU 6 Payee name TYPE OF Non-Political Political EXPENDITURE (b) Description 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held-Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code TYPE OF Non-Political Political EXPENDITURE Description Check if travel outside of Texas. Complete Schedule T: PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Carididate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Constilling Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense. Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ains how to complete this form.	
1 Total pages Schedule F4:	2 FILERGIAME T. Mag	WEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHÂRGE	D TO A CREDIT CARD	\$ 17/1/9/9
5 Days / 26/16	6 Payee name Just Signs		<i>c y</i>
7 Amount (\$) 307,43	8 Payee address; City; State	E, COllege Str	JE 77840
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check	ion il travel outside of Texas. Complete Schedula T. (if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
29/29/16	Payer neme	Depot	•
Amount (\$)	Payee address; City; Star	te; Zip Code E., Callege Str	1, 7 77840
TYPE OF EXPENDITURE	Political	Non-Political	
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Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
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	ATTACH ADDITIONAL COPII	ES OF THIS SCHEDULE AS	NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Condition(Cities bolder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense.
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILERNAME DOWN 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date
5 Date 7 Amount (\$) 8 Payee address; City; State; Zip Code 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF EXPENDITURE Political Non-Political Non-Political Non-Political (a) Category (See Calegories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if ravel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held
7 Amount (\$) 8 Payee address; City; State; Zip Code 7 Amount (\$) 8 Payee address; City; State; Zip Code 7 Amount (\$) 9 TYPE OF EXPENDITURE Political Non-Political Non-Political Non-Political Non-Political PURPOSE OF EXPENDITURE STANDAND Check if travel outside of Texas: Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held
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expenditure to benefit C/OH
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Category (See Categories listed at the top of this schedule) Description
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EXPENDITURE
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (extenses executed listed above)

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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 13,719,19					
5 Date / 9/14/16	6 Payee name FAIL DOOK				
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
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9 TYPE OF EXPENDITURE		Non-Political			
10	(a) Category (See Categories listed at the top of the	als schedule) (b) Description	on ·		
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OF EXPENDITURE	1 (unt) 110ing -April	Check	if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
10/18/16	Payee name Payie/And	Pinting	", ,		
Amount (\$)	Payee address; City; State; Zip Code				
4980	1902 Texas AveS., College Station, 1x 77840				
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OF EXPENDITURE	FULL TISING CAPET	Check	if Austin, TX, officeholder living expense		
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SCHEDULE F4

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5 Date /0/16	6 Payee name				
7 Amount (\$)	8 Payee address; City; State	e; Zip Code			
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9 TYPE OF Political Non-Political					
10	(a) Category (See Categories listed at the top	of this schedule) (b) Descript	ion		
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OF EXPENDITURE	AMET TISING	Check	(if Austin, TX, officeholder living expense		
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
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Amount (\$)	Payee address; City; Sta	te; Zip Code			
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	7) 2 Ghec	otion k if travel outside of Texas. Complete Schedule T. ok if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	e Office sought	Office held		
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	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense. Transportation Equipment & Related Expense Loan Repayment/Reimbursement **Event Expense** Advertising Expense Office Overhead/Rental Expense Polling Expense Fees Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Consulting Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDIT 6 Payee name TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held . Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH-TYPE OF Non-Political Political EXPENDITURE Description (See Categories listed at the top of this Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Advertising Expense Fees Food/Beverage Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out OI District Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 1 Total pages Schedule F4: **CREDIT CARD** 6 Payee name Zip Code 8. Payee addre Non-Political TYPE OF // Political EXPENDITURE (b) Description Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Payée address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T: **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages hedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED EXPEN RGED TØ A CREDIT CARD 5 Date 6 Payee name 8 Payee address; State; Zip Code 9 TYPE OF Political Non-Political EXPENDITURE 10 Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH TYPE OF Non-Political Political **EXPENDITURE** Description Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit G/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
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4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$ 12,719.19
5 Date 10/28/16	6 Payee name (AMIDAIGH	Stort, LLC	7972.00
7 Amount (\$)	8 Payee address; City; State;	Zip Code	ا در د
574.07	384 Withington Phwy	i, Swirt AV, Louisi	i fe,KY 440.232
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	n
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11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
735/16	Payee name Falthook		
Amount (\$)	Payee address; City; State;	Zip Code	
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OF EXPENDITURE	FRANPT TISM O	Check	if Austin, TX, officeholder living expense
	Marci de 1		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit G/OI		Office Sought	Office field
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Coronittee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriorden/Forfica	The Instruction Guide explains how to compl	, ,
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4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CRED	it card \$ 12,719,19
5 Date ////////////////////////////////////	6 Payee name	ind
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9 TYPE OF EXPENDITURE	Political Non-Politica	l
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Hover tising Exprise	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	muci pring je in	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF		sought Office held
Date / 10/18/16	Payee name Fast Signs	••.
Arnount (\$)	Payee address; City, State; Zip Code	
let. 95	404 Univ. Dr. En College J.	In., IX 71840
TYPE OF EXPENDITURE	Political Non-Politica	al
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) HAVET TSING EXPENSE	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought Öffice held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Travel In District Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: ØREDIT CARD 4 TOTAL OF UNITEMIZED EXPE 6 Payee name 8 Payee a TYPE OF Non-Political Political **EXPENDITURE** (b) Description Category (See Categories listed at the top of this schedule) 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Zip Code State; Payee address; Non-Political TYPE OF Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Conclidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.
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Total pages Schedule F4:	Sar Y Mooney
TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ / 1/1/19
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18 29	8 Payee address; City; State; Zip Code 1 HUKET WHY, MENEROLD JUB 25
TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date 18/16	Payer name Payer and Frinting
100	Payee Address; City; State; Zip Code
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538.01	1902 Texas Ales, Calege Station, Tx US40
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TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE	Political Non-Political Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule G:	2 FILER NAME & MODILEY	3 Filer ID (Ethics Commission Filers)
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6 Amount (\$) Relimbursement from political contributions intended	7 Payee address; Sity; State Zip Code 2101 Walnut GOVE St.) Lollege Station	1 11825
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule) ### Company of the Category of the Category (See Calegories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH Last Fr Moouly	Office sought A Office held Mayor auxi/man
Date/ 10/29/16	Payee name / P. MORNE	
Amount (\$) J.B., 4/ Reimbursement from political contributions intended	Payee address; City; State; Zip Cooke 310/WAMUT GTOVE G., C	College Sation, Tx 77845
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder pame OH OH ODALY	Office sought Office held Mayor Office held
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Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH AND	Office sought Office held Mayor Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 5 Payee Date State: Zip Code 7 Payee address; 6 political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State Zip Code Payee address; leimbursement from political contributions intended (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee address; political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder na Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
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11/04/14	Payee name Blue Baker		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TOWN DEVELOPMENT	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit Co		Office sought . Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Schedule G: 2 FILER NAM 1 Total p 4 5 Payee nam Date 7 Payee address: State: 6 imbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name, State; Zip Code Payee address eimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee address; imbursement from political contributions (b) Description (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politi Credit Card Payment	The Instruction Guide explains how	w to complete this form.		
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4 Date / // // // // // // // // // // // //	5 Payer name Vascus IR/s			
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit Co		Office sought Office held		
11/08/16	Payee name ANACHE			
mount (\$) Reimbursement from political contributions intended	Payee Address; City; State; Zip Co.	engurive, College Hatron, K		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule TWI AWAY	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Family & Device and Category)	e) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit Complete.		Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense **Event Expense** Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total names Schedule G: 2 FILER NAME 4 5 Payee name Dat Payee address; political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code City; State; Payee address eimbursement from political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Zip Code City; State; Payee address; political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T.

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Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Solicitation/Fundraising Expense

C	Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services The Instruc			Wages/Contract Labor complete this form.	Other (enter a cate	ory not listed above)
1	Total pages Schedule G:	2 FILER NA	MEHATI	19.M	ones	Ų	3 Filer ID (Ethic	es Commission Filers)
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6	Amount (\$) 4937 Reimbursement from political contributions intended	7 Payee add	ireds; I Wall	city; State;	zip Cofde VL G	t, Collège	Storm,	X 71845
8	PURPOSE OF	(a) Category	See Categories li	sted at the top of this	schedule)	(b) Description Check if travel outs	ide of Texas. Complete Scho	edule T.
	EXPENDITURE	PYHONE	PS hillod	rkerna) (1	rdi t con	Check if Austin,	TX, officeholder living ex	pense
9	Complete ONLY if direct expenditure to benefit C/C		ate / Syliceho			Office sought	*	Office held
	Date	Payee nar	ne					
	Amount (\$)	Payee add	dress;	City; State;	Zip Code			
	Reimbursement from political contributions intended							
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	EXPENDITURE					Check if Austin,	TX, officeholder living ex	pense
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought		Office held
	Date	Payee nar	ne					
	Amount (\$)	Payee add	dress;	City; State;	Zip Code			
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category	(See Categories li	isted at the top of this	schedule)		ide of Texas. Complete Sche	
	Complete ONLY if direct expenditure to benefit C/G		ate / Officeho	older name		Office sought		Office held

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date Business name City; State; Zip Code 6 Amount (\$) Business address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME JAP P. MOONE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	/
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	COUEDIN E AC NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.						
2 FILER NAME	Kar / P Moonen/	3 Filer ID (Ethics Con	nmission Filers)			
4 Date	5 Name of person from whom amount is received	8,	Amount (\$)			
	6 Address of person from whom amount is received; City; State;	Zip Code				
	7 Purpose for which amount is received Check if	political contribution retui	rned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	; Zip Code				
	Purpose for which amount is received Check if	political contribution retu	rned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if	political contribution retu	rned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	; Zip Code				
	Purpose for which amount is received Check if	political contribution retu	rned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					
2 FILER NAME	19/ 1/	3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	r—1	Ė,		Schedule COH-UC Schedule B-SS	
Schedule F2	Schedule F	1 Schedule G	Schedule H	Schedule COH-OC Schedule 5-33	
6 Dates of travel	7 Name of person(s) traveling				
NOW	8 Departure city o	r name of departure loca	tion		
	9 Destination city	or name of destination lo	ocation		
10 Means of transportati	on 11 Pu	rpose of travel (including	name of conference, s	seminar, or other event)	
Name of Contributor /	Corporation or Labo	r Organization / Pledgor	/ Payee		
Contribution / Expend	iture reported on:				
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F	1	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Dates of travel Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city	or name of destination lo	ocation		
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	Corporation or Labo	r Organization / Pledgor	/ Payee		
Contribution / Expend			<u></u>	[mm]	
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F		Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	of travel Name of person(s) traveling				
	Departure city o	or name of departure loca	ation		
	Destination city or name of destination location				
Means of transportat	ion Pu	rpose of travel (including	name of conference,	seminar, or other event)	
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
	C/OH N	IAME KAY P MODDAN	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE /			
	ing a rep	expect any further political contributions or political expenditures in c port as a final report terminates my campaign treasurer appointmen utions or make any campaign expenditures without a campaign treas	it. I also understand that I may not accept any campaign		
,		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	k only one:			
		I do not have unexpended contributions or unexpended interest or	income earned from political contributions.		
		I have unexpended contributions or unexpended interest or incommay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned this final report. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the recommendation.	ed interest or income earned on political contributions to rt of unexpended contributions and that I may not retain and on political contributions longer than six years after filing pended political contributions and unexpended interest or		
	B.	ASSETS			
	Check	k only one:			
		I do not retain assets purchased with political contributions or inter	rest or other income from political contributions.		
		I do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contributions personal use. I also understand that I must dispose of assets pur requirements of Election Code, § 254.204.	s or interest or other income from political contributions to		
5		EHOLDER uplete this section only if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to a file. I am also aware that I will be required to file reports of unexpend officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribut	ed contributions if, after filing the last required report as an rom political contributions, or assets purchased with politi-		